A QUALITATIVE STUDY ON THE INFLUENCE OF CULTURE ON WOMEN'S BEHAVIOR REGARDING CERVICAL CANCER PREVENTION IN INDIA

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Abstract: Conducting a qualitative work about the life experience of group of highly educated women on the theme Cervical Cancer Prevention during my PhD research, the work had the objectives was to identify the knowledge of the group about cervical cancer; to investigate the existence of elements in Indian culture that influence their behavior in terms of the possibility to develop the disease and the preventive test, And to find out the existence of taboos referent to body, behavior or situation that interfere in their behavior regarding cervical cancer prevention. This work is a result of a mix methodology research that combines Semi-structured interview, Sociodrama, Group discussion and Longitudinal study, to collect rich information about the group knowledge, fears, beliefs, and taboos regarding preventive care for cervical cancer.

Keywords: Cervical cancer, Women health, Taboos, Culture, Medical Anthropology, Qualitative research

Introduction: Cervical cancer is configured the second most common type of cancer for women, after breast cancer, with approximately 500,000 new cases per year, and remains leading the ranking in death, approximately 266,000 women per year, special in less developed countries, according to World Health Organization (WHO). It characterizes a serious public health problem worldwide, WHO (2013). According to ICO Information Centre on HPV and Cancer India, Human Papillomavirus and Related Cancers (2015), Cervical screening practices and recommendations coverage presents only 2.6% of all women aged 18-69 years screened every 3yrs in India. Amidst urban women in India, the number goes to 4.9% and 2.3% among women from rural areas, WHO (2013). Aswathy (2012) presents India as the largest burden cervical cancer patient in Asia, what represents one in every five women suffering with this disease in the continent belongs to India, with incidence and mortality, approximately 74,118 deaths per year. Misra (2011) and Satija (2012) present that the situation of health problem of cervical cancer in India has prevalence among women with low socio-economic status and living in rural areas, that can indicate difficulty for this group of women to access information about the disease and screening test as well.

This qualitative work explores the theme of health care regarding cervical cancer prevention with another group of women formed by forty women from urban area, good socio-economic status and highly educated. Intriguingly none of them had performed the preventive test- Pap smear. Margaret Mead defends that cultural factors influence in the society behavior Mead (1935). Thus, the reason had to be investigated using adequate methods and techniques to approach the group in such way that they could feel comfortable talk about their feelings and ideas.

The objectives of the work were: To identify the knowledge of the group about cervical cancer; to investigate the existence of elements in Indian culture that influence their behavior in terms of preventive care, and to find out the existence of taboos referent to body, behavior or situation that interfere in their behavior regarding cervical cancer prevention.

A mix methodological work: For the data collection, three different moments, with three different methodologies for each moment were used. The first moment was performed by semi-structured interview Chavez et al (1995, 2001), with forty participants, working in educational institution; coming from different regions of India, from various religious groups and resident in the urban area of Allahabad. Their name were changed in flower's name for preserving their identities.

The second moment was performed by Sociodrama, Moreno (1943), with six women from the first group, forming a new group- precious stones group.

The third moment was performed with the same precious stones group, divided in two stages in Longitudinal study, Gravlee (2011) met six months and one year after Sociodrama activity. The purpose of this moment was to verify the effect of the information compared with the bias of culture:

Interview: The interview was recorded with forty women between 25 to 50 years old. For provide an easy way to the participants, the interview could be individual, in pairs or even in small groups of women, according to their comfort.

Sociodrama: The dynamic of Sociodrama happened in three days, two hours a day with six volunteers participants from the group of flower For achieving the objectives in this activity, all sessions were voice recorded or videotaped, and transcribed subsequently and each session was direct linked to next. Nery, Costa & Conceição (2006).

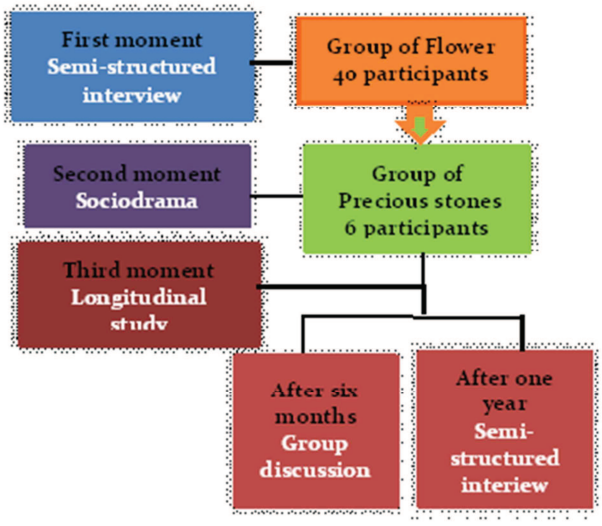

Figure: Design of the three moments of data collection dynamic

According to Sociodrama methodology, the group was formed and divided in three different positions: The director or directors, the actors and the audience**.** First, the directors of the scenes, composed by the researcher and a co-director, coordinating the emerging scenes from the dynamic of group interaction.

Second, the actors, composed by six women between 27 and 40 years old, married between 1 and 15 years, migrating from the group of forty women, which enact as characters in the role created according to the demand from the dynamic context.

Third, the audience, composed by three women: One single, one divorced and one married. The audience participates in the dynamic process, expressing their personal opinions, feelings, and thoughts about the scenes according the demand, when necessary, Moreno (1984).

The sociodramatic dynamic requires that each session be performed under three fundamental moments: The warm-up, the enactment, and the sharing and processing, Seixas (1992) and Toloi (2010). The objectives for each session were to understand the thought of the group about being woman, physically, emotionally and socially, Daolio (1995); to understand their trajectory as person, and as Indian woman as well..

Warm-up: The first session warm-up is the moment for introduce the group and share their personal experiences and expectations and the theme on coming sessions as well. Moreover, the second and third sessions are used to remember what as seen in the previous days and link it to the actual session, Menegazzo, et all (1995).

Enactment: Moment for performing the scenes according to the given theme. During the first session, the actors formed a line of life of a woman, pointing different stages that they classified as relevant and represents the trajectory of the development of a woman along the life cycle. The audience and directors just observe the picture and after present their interpretation of the scene.

In the second session, the group was divided in two subgroups for to identify the strength of the woman facing cultural access and impediments that may influence their behavior.

The last session the activity had as aim to observe how each women perceives their bodies in front of themselves, by dividing the group in in pairs with the task of one of drawing the outline of each partner body; in front of others, while each woman preached the design of their own bodies outlined on the wall and everyone observe their own picture and others as well. Finally before the stranger; as the actors stand holding their outlined body, a complete stranger comes to the stage slowly and silently representing the threat of cancer. All reaction were observed and commented with the group.

Sharing and Processing: Time when the whole group stop the play and again make a circle, express their sensations, impressions, feelings and opinion about the scenes experienced by the characters, and respond in a personal way the questions inspired by their own experiences and expectations about the session.

On the sharing and processing in the first session, they discussed that during marriage and pregnant the woman shares her body with another person: “Our body is precious.”

On the second session, the group discussed about possible solution to the impediments presented during the enactment time and resumed their thought in sentences being free to comment.

On the last session, all participants shared their feelings when the threat of cancer is revealed on the scene. The participants felt comfortable to both create and act out the roles, as to build the bridge to identify the characters played and their own experiences, Niemeyer (2007). Since sociodramatic technique brings up personal content, the reflection of the positioning of the participants in the contexts that emerge from investigative process, the approach considers relevant to hear the group’s voice and points that the placements must return to the participants as protagonists of their own life stories, Doyal (1995), and investigate their beliefs under their own culture.

Longitudinal Study: Believing that there was no correlation between the level of formal education, knowledge, and the self-care related to preventive care, and there was a significant effect of cultural

elements on women's behavior, Joshi and Mahajan (1990), the activity investigated the impact of all information given athwart discussion performed by the women in sociodrama dynamic regarding cervical cancer prevention, Gravlee (2011).

For the first activity, a videotaped group discussion was used. The first reaction of the group was laugh, due only one participant had gone to Pap smear test after six months. Thus, she shared her experience with the group and, sequentially, all discussed about their reasons for not do the test. For the last stage, the technique chosen was semi-structured interview performed with each woman for the final information concerning the impact of cultural elements on women behavior regarding the theme.

Discussion: Among the group of forty women, only two had done Pap test, and, in both case, they performed the test not as preventive thus diagnostic, since both presented symptoms that could signalize cervical cancer. Thirty-eight women answered that they go to the gynecologist solely for treatment to get pregnant and during pregnancy. For not going to preventive test, they gave a combination of answers from "I don't feel anything", lack of time, no doctor prescription, to mothers sacrifice to justify. From the group of six, only one woman did preventive test six months after sociodrama activity, and only one more did it after one year.

India culture is full of relevant elements that has influenced both, direct and indirectly, the behavior of women regarding the way they care of themselves and their health as well. The main elements identified were:

Fatalism and fear, From "God's will" to the distressing fear of finding "something wrong".

"If it's is God's will we accept it, but I pray and completely trust in the Lord, that is why I don't need to go to anything like this." **(Aster)**

The idea of "God will provide the way for the treatment" conflicts direct with the idea of God providing the way to prevent, for the idea of prevention contradicts the idea of self-sacrifice. It seems easier to think about the "sacrifice of a perfect woman" suffering from such disease as cancer, for "God's will"

The fear of knowing that something exists somehow, in a curious way affected the group more than to prevent it.

"It is general. It happens to Indians. We do not do it for somehow, even if we feel that there is some problem... Some fear is there, that I am living a normal life and I will go and come to know that I am having this disease. But if it is in later stage, we say Ohhh!" **(Gladioli)**

Attitude of abnegation and self-sacrifice, which is part of cultural identity of being an Indian woman, that is appreciated and accepted by the society when she sacrifices herself and gives priority to others, especially to husband, children and in laws.

"This is our sacrifice for the family. We Indian woman sacrifices our own life for the benefit of our husband and children." **(Aster)**

None woman was declaring their self-sacrificial life as a negative attitude, on the contrary, they showed proud of themselves while declaring all suffering they pass through as an important quality for an ideal Indian woman, Sen (2012).

A mindset of no preventive culture was observed while the respondents openly refers to India as a country women are not habituate to preventive health care.

"We do not have a culture of caring for these areas. I believe that about 60% of educated women do not speak of these matters comfortably... (Smiling)" **(Lilly)**

The dynamic of family life was also one element mentioned by the women that influences their behavior on taking care of their health. They face the conflict of being in a market place, and at the same time to adjust professional life with home life, Butalia (2012). Facing this real conflict, and mentally prepared by the culture to give up their personal needs for the benefit of the family members, women "naturally" chose the sacrifice of the "ideal woman". In Kama Sutra, Vatsyayana (1925) presents in the chapter V that "A virtuous woman" considers her husband as a divine person and should take upon herself the whole care of her husband's family.

This way of though came from PhD women, which are active in the marketplace, engaged to education, and, even that, faces the same conflicts, as pointed by Saymour (1999) which presents different aspects of women's lives and the changing faced as result of modernization in Indian society.

Taboos are present in all societies, in different levels and classifies a series of objects, though, words, behaviors, situation, places and rituals forbidden to determined group, Rodrigues (2010). During the process of data collection the existence of taboos referent to body, behavior were identified. For the group, to refer to sexuality in general is taboo. They openly avoid mentioning words that refer to sexual organs, situation as menstrual periods, or anything that links them to the theme, Sardenberg (1994). Indeed, they avoided to use even technical terms, preferring to use the words "thing", "this", and "it" Daolio (1995) and Giacomini (2002). To be related to "this issues" is considerate inadequate for educated woman", thus for illiterate woman are "free", since they are not considered polite and do not have the "same sense of decency", Handique (2012), Sharma (2008).

"In India ladies speak like that only... shy. Actually not discuss with others also, they are feeling shy if they share this 'how or what do they think about us'. Some

educated ladies also don't talk about this (pointing to her low abdomen).*"* **(Acacia)**

Since words related to private parts of body are taboo for the group, they also presented reserves on going to gynecologist for preventive test, making clear their discomfort on visiting these specialists, since they are professionals directly related to sexual issues.

"In India, I don't think people is comfortable to talk about our body or body's parts… or revealing our body." "The first thing the doctor will say is open your salwar or whatever; we are not comfortable with this."

Conclusion: The high incidence of cervical cancer cases in India is usually related to poor, rural and uneducated women. Regardless of education level and economic factors. Corroborating Mead (1935), the research revealed elements in Indian culture that influences how the group see themselves, behave, and reproduce their thought in the dynamics of everyday life, Heller (1985) and, at the same way, influences their behavior regarding preventive health care. The group of highly educated women also faces their personal challenges when the subject involves their self-concept as person and as woman, in the society, and it is also related to the importance that a woman gives to her body, not just as a biological element, but also cultural as well.

In this particular context of the universe of the research, his work offered a rich opportunity and privilege to understand a bit more about the complex dynamic trajectory of being an Indian woman, their feelings, needs, thoughts and even the risks they are exposed like cervical cancer.

The result of this research brings to the field of discussion the importance to prepare a public health program that addresses cultural aspects as important elements in the effectiveness of measures that could change the picture of India as a champion of something as negative as cervical cancer.

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